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## BIB DATA SHEET

CONFIRMATION NO. 5535

<b>SERIAL NUMBER</b> 10/666,562	<b>FILING or 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 4193	<b>ATTORNEY DOCKET NO.</b> 020017-000430US		
<b>APPLICANTS</b> Ned S. Rasor, Cupertino, CA; Julia S. Rasor, Los Gatos, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/795,648 02/28/2001 PAT 6,652,479 which claims benefit of 60/185,495 02/28/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/11/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/SUSAN SHAN SU/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 UNITED STATES						
<b>TITLE</b> Transcutaneous infusion of carbon dioxide for local relief of pain and other ailments						
<b>FILING FEE RECEIVED</b> 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		